

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). **A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.**

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Derek T. Croom

PP# 617 429, 132679 Bucks Co.#

(CF CF) Phila. Co. Jail

7901 STATE ROAD

PHILA.

PA

19136

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

BUCKS COUNTY Jail

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

CF CF Phila Co. Jail

7901 STATE ROAD

PHILA.

PA

19136

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐

Individual capacity

☐

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Bucks Co. Jail 1/28/22 / Phila. CFEF 2/17/22

A-1

Quora about: 1/28/22

I was taken to Bucks Co. Dept. of Corrections ... PH: (215) 340-8445

FX: (215) 345-3743 for Pretrial detainees held over for trial ... A pretrial detainee (2) was lodged from Philadelphia Co.

On the receiving room of Bucks County Dept. of Corrections Jail I was stripped searched, and my clothes and shoes were taken from me. Along with my wedding ring, and placed in storage. I was given a bag which contained the following items: "All Used"

① pair of "Used" socks, ① Used V-neck shirt, ① Used pair of underwear, used by other inmates.

On 1/28/22, I was underwear and (3) days after I was breaking out in "Boils" filled with (pus) having to be seen by doctors...

(3) times a day, and placed under watch by Medical ... I can't sleep because of it, and my tossing and turning all night. I was ordered to wear these items because mine were taken ... Scared unable to sleep not knowing if I was given Court 19

A-2

Covert 19

I was placed in Bucks County Department of Corrections, and 90% of the jail has a life threatening diseases such as "Covert"... I'm placed here with a non-violent crime... I'm unable to sleep at night wondering if I going to see my (5) five year old daughter again. I was tested by Bucks County for Covert 19 before being transported Phila. (CFCF).

Upon arrival at (CFCF) I was placed with other inmates with Covert, and "new" people coming off of the streets... (New Admitted inmates in holding cell...)

Plaintiff Derek T. Croon P#617429 is seeking damages in the amount of \$1,000,000,000.00. dollars from each Defendant named in suite.

A-3

Cm on about 2/17/22

I was transported to: (CF CF) Philadelphia County Prison ... I went thru intake, and seen by doctors and I was told that I would be treated for my seizure disorders, and depression. I was given a bottom bunk card which is included in my complaint as: (A-3) Ex. 1. I was taken by C/O to housing area (B2² M1) where I was placed and locked in a Multi Purpose Room (MURPHY P1), told and gave the C/O my "Bottom Bunk Bed" card and C/O told me "They don't do all that Bottom Bed" ... I was made to take a top bed, and housed with (4) four other inmates, in this room.

During the middle of the night I had a grand mal seizure and fell from the top bunk to the floor ...

"There was no one to help me!"

This was witnessed by: Walker 823453 PPH and two (2) other inmates. I'm being housed with inmates that have "Covert 19". I was tested by Bucks County Jail before I was transported to Phila.

(4) MAN
CELL
M2
ROOM

United States District Court

④.

Derek T. Croom #617429

7901 STATE RD.

Phila., PA. 19136

(CF CF PCP)

vs.

BUCKE CO. PRISON

BCP 132679

BOOKING #

2022000337

Commitment Date: 01/28/22

A-① I WAS GIVEN A TRANSMITTED
Disease By Bucks Co.

A-② I'm being treated for
still while in Philadelphia Co. (CF CF).

CF CF Philadelphia Jail

B-1 EXPOSED ME TO COUET 19

B-2 HOBSED illegally Muilt #2 B2²

B-3 FOUSED TO USE TOP BUNK

B-4 SLIP AND FALL, I HAVE HEAD ACKES
FROM FALL...

EXBIT
A

A-5

Attachment S.E.10.a

PHILADELPHIA PRISON SYSTEM

☐ ASD ☐ CFCF ☐ DC ☐ HOC ☐ PICC ☐ RCF OTHER _____



BOTTOM BUNK BED ACCOMMODATIONS

Inmate's Name: GROOM, DEREK Date: 2/17/22

PID# 617249 Housing Location: _____

Duration of Bottom Bunk Bed Accommodations - Start: 2/17/22 End: 2/17/22

Special Needs: Seizure DX

Approving Physician/Physician Assistant: Ambrase
(Name, print clearly)

Approving Physician/Physician Assistant: Ambrase
(Signature)

Date/ Time: 2/17/22 1955

02/17/22 14:03:07

1/2

Valuables Receipt
RECEIPT NO. C01068666V
CFCF Receiving

GROOM, DEREK
 PID: 617429 Intake: 2201384 CFCF
 01942 THAYER ST
 PHILADELPHIA, PA 19134

Articles received:

Item Qnty Description

| | | | | | |
|----------|---|----------------|------------|------|----------|
| 246 | 1 | OTHER | BLACK | FAIR | RECEIVED |
| SZ11 | | | | | |
| 247 | 1 | CELLULAR_PHONE | BLACK | FAIR | RECEIVED |
| AIR PODS | | | | | |
| 248 | 1 | NECKLACE | SILVERTONE | FAIR | RECEIVED |
| 249 | 1 | RING | SILVERTONE | FAIR | RECEIVED |

Cash received:

| Denomination | Qnty | Value | Amount | Serial No. |
|--------------|------|-------|--------|------------|
|--------------|------|-------|--------|------------|

Total Cash: \$0.00

Exit cards received:

Card

Total Cash: \$0.00

I certify that I have received and hold myself responsible for the above listed articles.

| | | |
|--------|------------------------------|------------------------|
| _____ | _____ | _____ |
| (Date) | WASHING_TI (Printed Name) | (Signature of Officer) |

THE SPECIFIED SUM AND ITEMS OF PROPERTY WERE TAKEN FROM ME THIS DATE.

I hereby understand and agree that the Philadelphia Prisons will retain all money which I presently have or may receive during my confinement in an account which will allow me to make approved deposits and withdrawals. I further understand that any interest accruing from the maintenance of the Inmate Custodial Account, of which my funds may be a part, will be deposited into the Inmate Welfare Fund.

I hereby authorize the Commissioner or his representative to open any letters or mail that may arrive at this prison for me, either through the Post Office Department or otherwise.

I hereby understand and acknowledge that excess clothing and property will not be stored by the Philadelphia Department of Prisons (PDP) for more than thirty (30) days. I also understand that I can pick up, or make arrangements for pick up or shipment of these items. Items including clothing, jewelry, etc. left over one (1) year and money left over one (1) year will be considered abandoned. If I do not comply with this practice and my personal property remains at the PDP after the time allowed, my items will be destroyed and PDP will not be liable for loss or damage.

 (Signature of Inmate)

INMATES NON-CASH EFFECTS RECEIPT

This is to certify that I, (Inmate Signature) _____,
 received, this date, all items of Personal Property other than cash, as detailed

C. What date and approximate time did the events giving rise to your claim(s) occur?

Bucks Co. 1/28/22 — CFCF PHILA, 02/17/22 14:03:07

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was given a "STD" By BUCK CO. Jail Bucks
I was housed with people having COVERT 19,
at (CFCF) PHILADELPHIA, Also fell from top BUNK

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Sustained Back and neck injuries and still be treated by
CFCF MEDICAL staff.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Monetary Damages in
Excess of: One Million dollars...

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

No one would give me one

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

At Bucks County Jail

2. What did you claim in your grievance?

3. What was the result, if any?

I was denied a grievance by C/OSS

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

No 90's would give me one.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

All was same, we don't have any.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

E.D.Pa. AO Pro Se 14 (Rev. 01/21) Complaint for Violation of Civil Rights

☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

2/21/22

Signature of Plaintiff

Printed Name of Plaintiff

DEREK TRACY CROOM

Prison Identification #

617429

Prison Address

7901 STATE RDPHILA.

City

PA

State

19136

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Derek T. Croom #617429
7901 STATE ROAD
PHILADELPHIA, PA 19136



Clerk of Court, ED PA
James A. Byrne U.S. Court House
Room 2609
601 Market St
Philadelphia, Pa 19106

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